

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540808

FILING DATE

6-27-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1					
3						
4		3		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		1		1		
10		1		1		
11						
12		3		1		
13	1					
14		1		1		
15		2		1		
16		2		1		
17		2		1		
18		2		1		
19		2		1		
20	1					
21		2		1		
22						
23		2		1		
24		2		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29		3		1		
30		3		1		
31		3		1		
32		2		1		
33		2		1		
34		5		1		
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48						
49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		19	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

C. Burt